



Kat T. Green, PhD
PO Box 1212
Cedar City, UT 84721
435-383-1705

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you and/or your child may be used and disclosed and how you can get access to this information. **Please review it carefully.**

I understand that health information about your family and your health care is personal. I am committed to protecting health information about you and/or your child. I create a record of the care and services you and/or your child receive from me. I need this record to provide you and/or your child with quality care and to comply with certain legal requirements. This notice applies to all of the records of your or your child's care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you and/or your child. I also describe your rights to the health information I keep about you and/or your child, and describe certain obligations I have regarding the use and disclosure of your health information.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

Get a copy of health and claims records

- Other than "psychotherapy notes" as defined in 45 CFR § 164.501, you have the right to get an electronic or paper copy of your medical record and other information that I have about you and/or your child. Ask me how to do this.
- I will provide a copy or a summary of your health and claims records, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct health and claims records

- You can ask me to correct any health and claims records if you think they are incorrect or incomplete. Ask me how to do this.
- I may say "no" to your request, but I'll tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will consider all reasonable requests, and must say "yes" if you tell me you would be in danger if I do not.

Ask me to limit what I use or share

- You can ask me not to use or share certain health information for treatment, payment, or our operations.
- I am not required to agree to your request, and I may say "no" if it would affect your and/or your child's care.
- You have the right to request restrictions on disclosures of health information to health plans for payment or health care operations purposes if the health information pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

Get a list of those with whom I've shared information

- You can ask for a list (accounting) of the times I have shared health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is the legal guardian for you and/or your child, that person can exercise your rights and make choices about your and/or your child's health information.
- I will make sure the person has this authority and can act for you and/or your child before I take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights by contacting me using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share information in the situations described below, talk to me.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share information if I believe it is in your and/or your child's best interest. I may also share your and/or your child's information when needed to lessen a serious and imminent threat to health or safety.

My Uses and Disclosures

How do I typically use or share your health information?

I typically use or share your and/or your child's health information in the following ways.

Help manage the health care treatment you receive

- I can use your and/or your child's health information and share it with professionals who are treating you and/or your child.

Example: A doctor sends me information about a diagnosis and treatment plan so I can arrange additional services.

Run our organization

- I can use and disclose your and/or your child's information to run my organization and contact you when necessary.

Pay for your health services

- I can use and disclose your and/or your child's health information to coordinate payment for health services.

Example: I share information with your insurance plan to coordinate payment for your services.

Administer your plan

- I may disclose your and/or your child's health information to your health plan sponsor for plan administration.

Example: Your company contracts with me to provide a health plan, and I provide your company with certain statistics to explain the premiums I charge.

How else can I use or share your health information?

I am allowed or required to share your and/or your child's information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share information for these purposes. For more information see:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>. Subject to certain limitations in the law, I can use and disclose information without your authorization for the following reasons:

Help with public health and safety issues

I can (and in some cases am mandated by law to) share health information about you and/or your child for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications

Do research

- I can use or share your and/or your child's information for health research.

Comply with the law

- I will share information about you and/or your child if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy law.

Respond to medical examiner or coroners

- I can share health information with a coroner, medical examiner, or funeral director when such individuals are performing duties authorized by the law.

Address workers' compensation, law enforcement, and other government requests

I can use or share health information about you and/or your child:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

- I can share health information about you and/or your child in response to a court or administrative order, or in response to a subpoena.
- I can share health information about you and/or your child for defending myself in legal proceedings instituted by you and/or your child.

My Responsibilities

- I am required by law to maintain the privacy and security of your and/or your child's protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your and/or your child's information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your and/or your child's information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you and/or your child. The new notice will be available upon request, on our web site, and I will mail a copy to you.

Effective Date of this Notice

This notice went into effect on January 1, 2017.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

My signature below indicates that I have read and understood all policies and agree to the terms indicated.

Printed name of client or legal guardian

Relationship

Signature of client or legal guardian

Date